

# THE CALIFORNIA HOMŒOPATH.

A Journal Devoted to the Interests of Homœopathy  
on the Pacific Coast.

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EDITOR, - - - - WM. BOERICKE, M. D.

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## EDITORIAL.

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THE Hahnemann Medical College of San Francisco began its second annual course of lectures to a very good class in the first week in June. The College is in a very prosperous condition, and at the end of this term steps will have to be taken for building a College for our own use, as the building now hired cannot be released. It will be desirable to secure a suitable lot in an accessible part of the city, large enough for purposes of college and a hospital in connection therewith. Every homœopathic physician on the coast ought to be interested to make this departure a perfect success. Now is the time to express in tangible and practical ways your interest in Homœopathy on the Pacific coast. Let us work together and put up a building worthy of our cause and our section of the country.

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WHAT we in San Francisco need more than anything else is a local Club or Society composed of homœopathic physi-



cians practicing in the neighborhood. We ought to have weekly or monthly meetings, for which a paper is to be prepared and which should be thoroughly discussed. If there be anything else to discuss later on, so much the better. One or several clubs of that sort would do more to cement us into a working band, and do more for each one individually and the cause, than any number of meetings of the State Society.

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By the way, the last report of the American Institute of Homœopathy credits us with a county society, and gives us the interesting information that there are bi-monthly meetings. Why not make this report true and begin to hold our meetings again? In the same report, Dr. S. Worth figures as President. Now why not call a meeting of said society, Mr. President, to be held say at the editorial rooms of the CALIFORNIA HOMŒOPATH, or any other place, and at such time as may be appointed? Surely the number who would respond gladly to such a call would be one very representative of the best elements of Homœopathy about here. Try it.

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THE plan adopted by the younger generation of Homœopaths throughout the large Eastern cities, is to form small clubs of limited membership and for specific purposes sometimes. Thus we have the Hering Club, the Hughes Club, the Hahnemann Society, etc. Then again there are clubs for the study of Materia Medica, Anatomy, etc. Surely we have good material amongst us for similar organizations. The CALIFORNIA HOMŒOPATH would be glad to lend its pages for the publication of the labors springing out of such co-operation, if thought desirable. By that means it is that some of our younger exchanges are so living and practicable. They are so, simply because they give reports of the sayings and doings of a few active live men.



## ORIGINAL ARTICLES.

## ANNUAL ADDRESS OF G. E. DAVIS, M.D.

DELIVERED BEFORE THE CALIFORNIA STATE HOMŒOPATHIC SOCIETY.

LADIES AND GENTLEMEN OF THE SOCIETY:

Time, in his unceasing march, has completed another cycle; and, as members of this Society, we have again assembled in this cosmopolitan city of the Pacific, to renew our fealty to the cause we hold in such veneration, and to cheer one another by renewing our acquaintanceship, and strengthen each other in the good work by advice and counsel.

There are duties which are difficult of fulfillment, appertaining to every position in life, and no one has the right to shrink from them, no matter what feelings of diffidence and incapacity he may entertain; and with these feelings I appear before you to-day.

As members of the Homœopathic branch of the profession of Medicine, we number in the State of California a little over two hundred; and of that number our Society only has a membership of fifty-six, or, in round numbers, less than one-fourth. There must be some cause for this; and it rests with us to discover that cause, and, if possible, remove it, and offer strong inducements whereby our Society shall contain a larger proportion of our professional brethren.

This cause can mainly be found in the fact that our State being the second in size in the Union, and sparse of settlement, of necessity our physicians must be scattered over a wide expanse of territory, making a trip to our meetings a large expense, not only of money, but, what is of more consequence, of time, which the average physician has not yet educated himself to the point of affording.

Our cause is progressing on this Pacific Coast, but not as rapidly as it should, simply because we have not the talent necessary to fill the field; and to-day we find many families employing the dominant school of Medicine for no other reason than that they cannot find a homœopath to call upon.



I have none of that silly fear, often heard, that we shall lose business because our ranks are full, if we advise brother homœopathic physicians to come to this city and coast. The field is ready, and the harvest is plenty, and only needs reapers to gather it in. Each one makes his or her own practice, and their gains are our gains, from the fact that the field is that much more enlarged wherefrom the harvest is to be gathered.

We are a brotherhood doubly united, inasmuch as, up to the present, we represent a minority, which is rapidly diminishing, and a minority the more savagely fought because of its rapid diminution; and, again, not only by reason of our supplanting the dominant school in the affections of the people by the greater success we attain in treating disease, but by the greater solicitude we manifest for the prevention of disease, and the more careful attention we give to hygiene and dietetics.

As physicians, we are too fond of giving advice for the conservation of health, not taking these prescriptions to ourselves. It is a homely but trite saying: "All work and no play makes Jack a dull boy."

We advise our patients as to the necessity of a rest from the mental strain Californians are so prone to indulge in. Our climate is especially tonic in its action, causing mental and nervous break-downs from the overwork incident to its bracing nature.

It is a habit only too easily acquired by the physicians of the Golden State, to plod on from year to year, never thinking that they, of all people, need a rest from the anxieties and perplexities of the sick-room and office, until finally the grim destroyer takes them for his own, at an age when they ought to be in their prime.

"Intellectual work does not of itself injure health or shorten life, but mental overwork is a frequent cause of nervous break-down and premature disease." A lack of recreation, and mental worryment incident to pecuniary embarrassments, are likewise special causes of nervous break-downs and premature disease among physicians. Homœopathy, if it has done nothing else, deserves well of the people at large from the fact that it has shown to and forced the Allopathi



branch of the profession to very materially reduce the dose of medicine; and self-protection has compelled them to administer their nauseous drug by the use of the poor, despised pilule or homœopathic pellet.

The early physicians would rise in their graves could they but peruse the writings of the latest authorities of the dominant school.

By them we are taught that, first of all, the cause must be removed.

Surely, old things are passing away, and better treatment is promised poor suffering humanity; for, after many years of patient waiting, the truth so cogently set forth by our immortal Hahnemann is being slowly but surely forced into universal recognition.

"It is the vainglorious boast of the Allopathic school of Medicine, that their method of cure has descended in an unbroken line from the remotest antiquity.

They arrogantly claim a pedigree from Hippocrates, the acknowledged father of physic, almost as unique and canonical as the apostolic succession of the Church of Rome.

They claim that their system alone combines the accumulated wisdom of more than two thousand years."

Among the writings credited to him we find the following: "Diseases are sometimes cured by contraries, sometimes by similars, and sometimes by medicines which have neither similitude nor antagonisms."

The principle of contraries was not advanced as an exclusive dogma until the time of Galen, in the second century.

A native physician, lecturing in the Homœopathic hospital at Benares, India, says: "Homœopathy is nothing new; in the Hindoo writings the principle, as now laid down, is extant, and has been from time immemorial; that among the Arabs also the principle is admitted, and that Hahnemann only brought the system to maturity by a uniform observance of the rules."

These quotations certainly prove that, upon the claims to antiquity, the formula "*similia similibus curantur*" is entitled to equal veneration with that of "*contraria contrariis curantur*."

Medicine is, or ought to be progressive. As homœopaths



we should be found in the front ranks, and ought to place our entire dependence in our Materia Medica, for it is far more extensive and complete than that of our opponents, and will soon be the key-stone of our success or failure.

Our law of cure is either true or false; there can be no *half-way* truth in it; it is all true or all false.

We cannot long resort to expedients without its becoming more or less known to our patients, and many of them will argue that while homœopathy is good in simple cases, for the more complicated, dangerous and painful ones, *we* dare not trust it.

Some one, writing on this subject, well says: "the fatal results of this logical reasoning are too obvious and unpleasant to enlarge upon.

It puts the most dangerous of all weapons in the hands of our opponents—a lie, with truth for the handle.

Though the sharp blade is generally felt first by those who furnish the handle, the wounds are, unfortunately, not confined to them. Homœopathy suffers, too."

In speaking of the use of morphia, a leading allopathic writer says: "In private practice, the case is almost a hopeless one from the hour that the patient becomes dependent upon the use of an anodyne. There can be no improvement afterwards in the powers of nutrition, and the nervous symptoms are all increased, so as to mask the true condition."

During the past year the bacillus theory of disease has been much studied, especially during the last epidemic of cholera in France and Egypt; and, while Koch and other students claim to have discovered the particular germ causing the disease, the theories of treatment arising therefrom do not seem to have lowered the mortality. Dr. Chapman, of London, has written a very exhaustive essay on Cholera, which, to my mind, completely upsets the bacillus theory, and proves beyond question that the disease is due to reflex action of the great sympathetic system.

In surgery, the discovery of mercuric chloride as an antiseptic dressing has greatly superseded carbolic acid. It is used in the proportion of 1 to 1000 or even 1 to 2000, either in a powdered form or as an ethereal solution of atomization.



Does it not come pretty near to being a homœopathic dilution, when our allopathic friends find such good results in this use of our old and well-tried merc. cor.?

It is a strange fact that while many professed homœopaths have an extreme fondness for increasing their doses, our opponents are continually diminishing the same!

Iodoform, too, is coming into frequent use, both as an adjuvant for indolent ulcer dressings, and in gynæcological treatments. The old-fashioned and obsolete methods of dressing wounds is passing away, and with them the era of sloughing and infected wounds.

Ere long the public will have become so well educated that they will demand such measures of relief from pain, and freedom from danger, which the more advanced scientific research has made possible.

Under the present advances made in this branch of surgery (I refer to the antiseptic), while formerly we had a mortality of from thirty to forty per cent. of major amputations, now we get only six or seven, and Neuber records forty-nine cases of knee-joint excision, thirty-six of which went on to complete recovery under a single dressing. Where formerly all wounds were dressed from one to three times a day, under this improved antisepsis, the same number of dressings are used in a fortnight, and with almost an entire absence of pain.

As a distinct school of Medicine, we must be ever watchful if we would preserve our vantage ground.

Our powerful and well-organized adversary is watching our every weakness, and is only too ready to take advantage of any defect he may find in our organization.

I call your special attention to the following resolution, adopted, May 2d, by the American Medical Association, then in session at New Orleans:

NEW ORLEANS, May 2.—The annual convention of the American Medical Association yesterday adopted the following:

*Resolved*, That steps be taken to establish in each State a Board of Examiners of Medical Science, whose certificate shall be the only authority to practice in those States.

A bill to this effect will be referred to the societies in each State.

The resolution speaks for itself, and I am sure it needs only a reference to it to suggest to your minds the necessity



for a vigorous and prompt action on our part if we would defeat it.

We, of the homœopathic faith, have much to congratulate ourselves upon.

We are citizens of a great commonwealth, rich in climate, and all that makes life worth living for.

As a distinct school of Medicine, we can favorably compare with any State in the Union, both in energy, education and endeavor to faithfully uphold the banner of Similia.

We have a college in successful competition with those of other schools of Medicine on this coast, the graduates from which will mainly have the duty of carrying our law into new and untried fields, and God grant they may be true to themselves and to the illustrious founder of our system.

They should be living exemplifiers of the sublime apostrophe of Hamlet:

“What a piece of work is man! How noble in reason! How infinite in faculties! In form and moving, how express and admirable! In action, how like an angel! In appearance, how like a God!”

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### ACID AND ALKALINE CHILDREN.

By A. B. BISHOP, M. D., SAN JOSÉ.

The division of children into acid and alkaline is an idea developed by Dr. T. C. Duncan, of the Chicago Homœopathic College. What I have to say on the subject is chiefly due to him, as I heard from his lectures, and have gathered from his writings.

Hahnemann states, in his lesser writings, that the tendency to acidity in children is a disease tending, and acidity is a disease condition.

Dr. Scudder, whose name is honored among Eclectics, makes a noteworthy division among medicines. He states the indication for the use of acids, that the lips must be red; and for alkalines, that they must be pale. But red lips have been found to be an index of an acid constitution, and pale lips, of an alkaline; thus confirming Dr. Duncan's classifica-



tion of acid and alkaline, and at the same time corroborating the Homeopathic law of treatment of similars: acids for an acid condition and alkalies for an opposite state.

Grauvogel's classification of constitutions, as Oxygenoid, Carbo-nitrogenoid and Hydrogenoid, has been considered somewhat fanciful, but is founded in nature and fact. The Oxygenoid are the thin, spare, acid children; the Hydrogenoid the plump alkaline ones, and the Carbo-nitrogenoid represents the medium condition.

Dr. Hering, in 1850, though saying nothing about acid and alkaline constitutions, classified *medicines* according to their chemical and electrical nature; the electro-negative being the acids and the electro-positive the alkalies. This presupposes a corresponding basal division in the patient.

Dr. Duncan brought out the idea more fully and reduced it to practical account. In the Chicago Foundlings' Home, which he has had in charge for several years, he had ample facilities for observation. Dissections of small children were frequent, and he found that the spare and feeble, *i. e.* the acid children, had a large stomach and a small liver, while the plump, strong, alkaline ones had conversely a small stomach and a large, active liver. The explanation seems easy. The process of digestion and assimilation of food in a child is very active. Acidity means dissolution and decay. The gastric juices for disintegration and digestion of food are acid. All the *excretions* of the body are acid, while all *secretions*, the hepatic, pancreatic and intestinal, all except the gastric are alkaline. The blood is alkaline, and the digested food, though digested in the stomach in a strong acid, must become alkaline before it can be taken up by the absorbents and carried into the blood. Health requires a liver with vigorous alkaline secretions sufficient to neutralize the acid current from the stomach.

A very large stomach secretes a superabundance of acid for digestion, and as the stream of chyle passes by a *small* liver, the hepatic fluid is inadequate to counteract the acidity, hence an irritating current through the whole extent of the alimentary tract, resulting in colic, flatulency, green dejections indicating decomposition of the bile and mixed with undigested food. There can be but one result: imperfect



assimilation, impoverished blood, emaciation and disease. A gnawing hunger is the cry of the cold, watery blood for nourishment. As the blood cannot receive any *acid* nutrition, it is easy to see that it must be very slightly nourished from a stream of chyme in which acid predominates. On the other hand, a small stomach pours out an ordinary amount of acid, which is completely neutralized by the product from a large liver. Chymification of food is perfect, and the blood receives a daily replenishment of life-supporting material.

The normal, healthful child, then, is alkaline. It is plump and fat, with clear skin, rosy cheeks and pale lips.

The acid child is sick. It is thin, weakly and below par in weight, as in everything else. Its cheeks are pale, but its lips are red. Its mouth is red, and all the mucous surfaces of throat, nose, eyes and intestines are red, irritated, infected, ready for rebellion and inflammation on the slightest provocation.

The fontanelles are slow to close and the teeth to grow. The bones are small and weak, because the acid in the system has chemically engaged all the lime and prevented its normal deposit in the bones, or has eaten it out, just as we have seen the calcarea in an egg-shell eaten out by an acid, leaving only a soft film. The child's nervous system is unduly developed, making it sleepless, restless and irritable. Its muscles are slender and small, from lack of nutrition, and it hovers on the ragged edge of disease, with little power of resistance if once invaded by it.

This does not seem to be simply an acid *condition* in which for a transient period acidity predominates, producing gastric and enteric catarrh and kindred evils, but it is rather an acid *constitution* or *temperament*. The whole system is permeated by its influence—the bones, the muscles, the brain, the blood—so that the relative size of organs is disturbed, the liver diminished and the stomach increased, the bowels enlarged, pot-bellied, the bones flexible, the cranium distended, the brain large and watery—hydro-cephalic. Its etiology is *ante-natal* and *post-natal*. An acid constitution originates in the parents, chiefly in the mother. A nervous, sickly, sleepless mother is apt to have an acid child, particularly if, while carrying it, her food is acid, scanty and of



poor quality. Acid food renders the mother's tissues flaccid and weak, and so makes parturition easy, but it is at the expense of the child's constitution and health.

Dr. Burt proved this statement by careful experimentation. One child was still-born, while three others were living skeletons, and raised with difficulty. So, also, fleshy mothers, who increase in flesh during gestation and lactation, withhold proper nourishment from their offspring and produce acid children.

The acquired or post-natal kind is the result of adverse surroundings and management. These causes are often added to the hereditary, and, if so, result fatally. This kind is often caused by giving the child improper food before the milk arrives in the breast, or (ignoring the fact that the colostrom is nature's medicine to rid the bowels of the meconium), by giving a dose of oil or cathartic to open the bowels.

Getting up too soon, or too much hard work on the part of the mother, will reduce the quantity and degrade the quality of the milk, unfit it for the child's needs, and favor an acid tendency.

Exposure, low diet, filth and dampness, etc.; in older children, late hours, confectionery, rich food, over-study, and prolonged bathing, cause abnormal secretion of acids and alkalies.

An understanding of these two conditions throws light on the treatment of children's diseases. The morbid tendencies of the two are radically different. While the *acid* child is sick, not all *alkaline* children are in good health. There may be excessive alkalinity, as well as acidity. The golden mean is the desideratum.

The acid child has a deficiency of white corpuscles in the blood, and an excess of red. The mucous membrane is every where red, thin and delicate, with tendency to inflammation.

The excessively alkaline child has an excess of lymph and white corpuscles in the blood, with tendency to catarrhs. The activity of the lymphatics leads to stasis of blood in the capillaries; hence venous congestion and catarrhs. Drooling is a kind of catarrh from over-active mouth-glands. Dentition is premature, accompanied by aphthal, intestinal ca-



tarrh, vesical catarrh in the shape of eneuresis, or catarrhal condition of the skin, showing itself in moisture behind the ears, crusta lactea, and pustular diseases. Among chest-diseases, also, its key-note is *catarrh*. Its most common form of brain affection is that of anæmia, a *hydro-cephaloid*, from an exhausting catarrh of the bowels.

The leading symptoms of disease in an alkaline child are: pallor, coldness and prostration; in an acid child, are: pain, fever and restlessness.

The treatment concerns diet, management and therapeutics. The law of diet is *contraria contrariis*, while the medication is *similia similibus*. If a child is acid, its food should be of an opposite nature, something that cannot in digestion be converted into acid. But in medication the remedies are poisons, not nutriment, and acid is to be neutralized by acid, remembering the ancient motto: "*Magis venenum, magis remedium*"—the greater the poison the greater the remedy. We must repress the excrescent, supply the deficient, restore the equilibrium, get the acid child over on to the alkaline side.

This regulation of the food should begin in ante-natal life. The expectant mother, if slender, active, nervous and sleepless, preferring pickles, lean meat, tea and bread, should change her food, so as to mould the nature of her child and prevent it inheriting an acid tendency, a gastritis from birth. Dr. Duncan gives two dietetic rules:

1. Acids, spices, stimulants and activity interfere with digestion and assimilation and also tend to tear down what is *already* built up.

2. Fats, sweets, starchy food, water and quiet aid digestion, absorption and the genesis of white blood-corpuscles.

A well-nourished system is loaded with fat. Fat, like water, is vital to the blood and life. If no fat is taken with the food, it must be obtained for the blood by collecting it from the adipose in the body, or by manufacturing it from the saccharine and starchy elements. The acid child has no fat. The lymphatic and absorbent glands are dormant. They must be stimulated by nutrition. First, order an oil bath once or twice a day. Sweet-almond oil or fresh olive oil should be rubbed in thoroughly with the palm of the hand.



This softens the skin, removes the tendency to inflammation, nourishes the blood and promotes the growth of white corpuscles. It is especially necessary if the child was born before full term, has poor milk from a sickly mother, or is raised on artificial food.

An acid babe cannot digest much casein. The best food for it is diluted cream, with whey, or milk with the casein taken out. Strained oatmeal water, gelatine, or Horlick's Food, which is nearly pure dextrine, mixed with the milk, will prevent its curdling into indigestible masses.

To quiet a colic pain, free draughts of pure hot water are better than catnip or anise-seed teas. If given freely, *they* derange the digestion. Hot water neutralizes the acidity, relaxes the painful spasm of the intestines, washes along the offending material, and aids assimilation.

An acid babe needs its food, at first, well diluted. It cannot digest as solid food as the alkaline child. Different kinds should be tried till something is found that will not turn acid in digestion. This can often be prevented by addition of a little lime-water.

It sometimes happens, when the time for food arrives, that the stomach is occupied with a residue of intensely acid liquid, producing a morbid craving, and ready to make mischief with the next meal. A little barley, oatmeal, corn-starch or arrow-root gruel made with a little lime-water, and without milk or sugar, will engage this extra gastric juice, and so prepare the way for the normal digestion of the milk food. The gruel should be well cooked, to change the starch into dextrine, and it can be absorbed into the system without taxation.

Acid children are light sleepers, and every means should be employed to invite normal sleep. It is stated as a scientific fact that food and sleep supply a similar demand in the system, hence food supplies the lack of sleep. Little exercise and excitement, much sleep, outdoor life, and plenty of such food as will not turn acid on the stomach, will in time round out the emaciated form and face, fatten up the child, and carry it over into the alkaline class.

Finally, as to remedies needed: As we have stated, indications for diet are according to *contraries*, but the selection



of the curative remedy is according to *similia*. Years of experience of the best practitioners have demonstrated this. No stronger corroboration of the claims of Homœopathy need be sought than is found in the test of remedies on this acid and alkali basis. Dr. Duncan states that nothing else that has ever come to his notice has so strongly fortified his faith in Homœopathy.

In general, acid children demand acid remedies; while for alkaline children, alkaline remedies only are curative. *Special* indications for remedies are as follows:

1. Brain diseases.

*Acid children*, who are nervous, restless and anæmic, need Aconite, Arsenicum Rhus, Sulph., etc.

*Alkaline children*, with inflammation, effusion, coma, call for Gelsemium, Belladonna, Arnica, Opium, Apis, etc.

2. Throat and Chest diseases.

*Acid children* need Aconite, Spongia, Iodine, Bryonia, Phosph., Sulphur, etc.

*Alkaline children*, Kali Bich., Hepar., Bell., Tart. Emet., etc.

3. Bowel diseases, in both diarrhœa and constipation.

*Acid children* are best managed by Arsenic, Podophyl., Puls., Rhus. tox., Bryonia.

*Alkaline children*. Nux V., Mercurius, Kali, Calcareo, Cham., Dulc., Alumina.

4. Skin diseases.

The dry scaly skin of acid children demands such remedies as Ars. Silicea, Sulphur, Rhus.; while the moist eruptions or pustules of alkaline children need Calcareo, Mercurius, Baryta, Dulcamara. The combined remedies, such as Hepar., Calc. Iod., Merc. Iod., Calc. Phos., etc., are needed for both, with more marked benefit from that element of the compound that is homœopathic to the child.

A wide field is open before us, with hope for practical benefit.

We would be glad to see the whole Materia Medica classified on this basis.

We look for light from your discussion of this subject.



## THE PROGRESS OF OPHTHALMOLOGY.

BY H. C. FRENCH, M. D.

In the domain of pathology our professional brethren of the regular school have manifested the same commendable zeal as in years before. And in surgery there has been the same careful and instructive compilation and comparison of results. Would that we could say so much of their progress in relation to remedial agents employed; but, like "laws of the Medes and Persians," in this respect they "change not," but with an assiduity worthy of a better cause, still play their endless changes upon the score or less of remedies that have done service for the past centuries (and *such* a service). Yet they wonder that the frightful ravages of blue stone and argentum nitricum, and the abominable ptyalisms of their concentrated mercurials are at last begetting in the mind of the dear public a feeling that a visit to an oculist should be delayed as a dernier resort, proving too often but the introduction to the realm of physical darkness.

During the first half of the medical year just past, (from May to May,) the ophthalmological journals of the regular schools were crowded to repletion with laudatory articles upon "Jequirity" as a cure for trachoma and its sequelæ. A 5 per cent. infusion of the ground Jequirity seed is applied fresh to the everted lid, producing what it requires no great stretch of imagination to designate as Jequirity ophthalmia; an ophthalmia so intense as to awaken anxiety in the mind of every careful experimenter as to the fate of the eye thus treated. The pain was so intense as to interfere materially with the supply of victims, and the imperfect reports are replete with interruptions, in which the interesting and humane researches were abruptly closed by the emphatic refusal of the victim to submit a second time to the application.

Very early in the history of these gushing and superlative eulogies appeared admissions of the occasional and unimportant destruction of a cornea by the new remedy, and later on the evidence that the number of eyes that were injured preponderated over the instances of benefit derived, rendered the reading anything but fascinating to honest



and practical ophthalmologists; and *to-day* Jequirity is as dead and unresurrectable as though within the past six months it had not been immortalized by the pens of the regular oculists of two continents. Sic transit gloria medici.

No sooner had Jequirity been decently buried than a new deity sprang into the therapeutic arena in the form of Cocaine. Cocaine is an alkaloid from the leaves of *erythroxylon coca*, and is commonly used in the form of the muriate, in two to four per cent. watery solution.

It is claimed that a two per cent. solution will produce and maintain for ten minutes complete anæsthesia of the cornea from one or two applications.

The first sensation from the instillation is one of slight burning, accompanied with lachrymation, which usually passes away in a few seconds and is followed by some sense of dryness and stiffness. The eye assumes a staring appearance. The local anæsthesia is complete, and the cornea and every portion of the conjunctiva which the agent has touched is absolutely insensible to contact, or the knife, and all reflex phenomena are also absent.

Sensation of temperature is absent. The pupil is dilated, though not ad maximum, and the dilation lasts but a few hours.

The palpebral fissure is perceptably enlarged by derangement of the co-ordination of the nerves governing the muscular relations of the lids, producing with the dilated pupil the staring appearance before mentioned.

Its range of application: It has been tried for almost every disease to which the human eye is subject, and in nearly every case extolled as a cure; but experience has narrowed its therapeutic usefulness down to anæsthesia of the cornea, and ocular and palpebral conjunctiva. It is also useful as an anæsthetic in troubles of the *membrana tympani*. It has been tried as an anæsthetic in operations upon oral nasal and pharyngeal mucous membranes, but, so far as reported, as a rule, with very unsatisfactory results; and the same is true of the vaginal and urethral surfaces.

In their enthusiasm, the votaries of this latest wonder of the medical world have claimed for it specific properties as an antidote to the opium habit; also, as a cure for "mania a



potu"; and we look in the near future for documentary evidence that it will cure indigency and general cussedness.

Experience clips the gaudy wings of these rhapsodic therapeutics, and narrows their wild claims down to the limits before mentioned.

For removing foreign bodies from the cornea, it will prove an inestimable boon, both to the oculist and his clientage. It produces perfect insensibility of the part, without that congestion of the bulbar conjunctiva and cornea, which attends the use of chloroform or ether, and renders the detection of small bodies so difficult; and we have none of the disagreeable after-effects of the old anæsthetics.

The patient remains perfectly conscious of everything except pain. Can sit erect, and so direct his eye as to bring the light just where it is needed, thus preventing the unavoidable abrasion of the cornea attending removal of imbedded objects in the parenchyma of the cornea, without the aid of anæsthesia, or *with the aid* of any other anæsthesia than cocaine. We can testify to its usefulness in about half a dozen cases of this kind since its introduction in our practice. One man, with an exceedingly hyperæsthetic cornea, expressed his surprise at the absence of the pain while he could hear the snapping of the fine needle as it disengaged small particles of the amory from his wounded cornea, and felt the tugging of the globe upon his muscles. I removed a large hyperplasia of connective tissue, involving nearly one-half the temporal cornea, about the first of the present month, after the instillation of a four per cent. solution three or four times, at intervals of three minutes, previous to the operation. Though the body was extremely vascular, the cocaine controlled hemorrhage by its astringent properties, and the pain was *nil*.

We have also performed two double male operations for secondary cataract, under the influence of the new drug, with most gratifying results. Examining the result of our work by the aid of the ophthalmoscope immediately after the operation, in one case performing a second after the examination, without the additional use of the drug, introducing the needles into the primary punctures.

What do these volumes of eulogy upon Jequirity and



Cocaine—these volumes of unsupported and often reversed claims—teach us as homœopaths? They teach us that our imperious and self-righteous colleagues are diverting themselves in their therapeutical search by watching the revolutions of the great wheel of *chance*, and that all their discoveries, so called, have been solely the result of empirical *accident*. Can we wonder at their puerile and extravagant joy, and that, when these rare prizes of chance drop into their impoverished therapeutics, they should devote a full half-year's space in their journals to eulogies which require another half year of humiliating editorial work to retract? Can we wonder that a school with such limited resources should, catching a few gleams from the undimmed orb of similia, fancy them to be more of their hereditary accidents, and thus laud to the skies as new remedies (because used by them for the first time), agents which have been doing service for over half a century in the hands of the disciples of Hahnemann?

Gaze on the epitaph of "Jequirity," the type of millions of its kind, passing through a meteoric birth, a dishonest adolescence, and the death of oblivion, all within one brief year. Let us, with honest tears, commiserate the family who, for so many ages and at such narrow intervals, have been celebrating the obsequies of these victims of chance. Now, turn to your own materia medica, and read from Aconitum to Zincum, the glorious work of fifty years, under a *positive* law. Count the scores of remedies, whose provings of half a century ago have been confirmed by daily use at a million bedsides during the intervening years.

Why go *down* to the school of mere accidental knowledge, while that school is running as fast as the progressive spirit of the age can drive it, *up* to our system of fixed law and definite results. Let us stand firm upon the rock of "Similia similibus curantur," until our enemies not only adopt our remedial system, as the only philosophical and scientific one, but give credit to the men who, in the face of their bigoted persecution and ridicule, have followed faithfully the leadings of a law divine.

We hear of homœopaths, so called, who are anxious to surrender their distinctive name, and go into the camp of



plundering Philistines, who are yearly pillaging and desecrating the works of Hahnemann and adopting his sacred principles, while they spit upon and traduce his faithful disciples.

While we admire and praise the grand work our opponents have done for us and for the world, in the domains of anatomy, physiology, pathology and zoo-chemistry, let us commiserate if we can refrain from execrating the spirit that would rob the fruits while it curses the principles of the one great school of the future.

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### GRAPHITES IN CILIARY ALOPECIA.

By M. DOROTHEA LUMMINS, M. D., LOS ANGELES, CAL.

Miss W—., aged 23, plump, blonde, and in general good health. She was, however, much annoyed and troubled at the total loss of the eyelashes, some of which had fallen out, and many of which she had forcibly removed, as they were stiff, and, to use her own phrase, "black at the roots." When examined, the eye itself showed no trace of disease, while the lids were thickened throughout, slightly reddened, and totally without cilia. This had been the case for over five months. No reason could be assigned for this loss, except a short period of continued crying, indulged in upon coming to a new and strange land, to earn the customary bread, which had proved too dry for my patient's courage. This crying had, however, long been controlled, but the cilia showed no signs of growing, and a physician had told her that they never would grow again. I did not feel over sanguine, but proposed a trial of a few weeks, to which she consented. She was given a collyrium of Boracic Acid and Cosmeline, 15 grains of the former to one ounce of the latter, which she was directed to apply at night to the lids and margin. She was given also a powder of Graphites 6x trit each morning, and requested to return in a week. Upon her return, there was a perceptible diminution of the swelling of the lids, and a tiny growth of cilia, soft and of good color. The treatment was continued for two weeks longer, and then



died a natural death, as there was no longer any need of it, the eyelids being quite normal and the lashes of a good length and healthful appearance. Prof. Henry Angell, of Boston, recommends the use of collyria, containing boracic acid, in inflamed tarsæ; but the growth of the cilia, which had shown no signs of life for so long, may, I think, be fairly ascribed to the action of Graphites.

### CARELESSNESS—A CASE.

BY DR. B. P. WALL, BERKELEY.

One evening a little boy was brought by his father to the office. The first question put was: "Doctor, can anything be done for catarrh?" To my interrogatories it was found that the little fellow had been suffering for over two years from a very offensive nasal discharge—yellowish, green, and sometimes bloody. A physician had told the parents that nothing could be done for the case, and they had fallen back upon carbolic acid and iodine. The family had been away in the mountains for several months, and while there in the drier atmosphere the discharge had been less profuse. The child was growing very thin. These were the only symptoms elicited. As I could make no examination that night, I asked that the child be brought the next day.

At the next meeting the discharge was so offensive that it was necessary to open both windows of the office before making the examination. I found many clinkers which were almost glued to the cavities. After an hour of cleansing with syringe, and the use of various instruments, I was rewarded by removing from the right nasal cavity a gutta-percha shoe button of the largest size. The brass shank was green. The mucous membrane was very much inflamed and the greater part ulcerated. I gave a dose of Acon. and ordered a bathing of the parts with calendula lotion by syringe. The inflammation quickly disappeared, and very soon the ulcerated condition also.

The child was brought to the office about four weeks after the removal of the button. The mother said that the little



fellow had been complaining for more than a week of an itching on the edge of either ala, causing him to rub his nose continually. A few doses of Selenium 200 removed this, and the nose has been a well one ever since.

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### THE AGUE CURE.

By E. STEVENSON, M. D., OF VICTORIA, B. C.

The first case had the following symptoms: A good appetite and general feeling of well-being just before the attack. The patient would often get to the point of telling his friends that he believed he was clear of his trouble, when the attack would take place. Sleepiness. Was quotidian, now tertian. Great amount of sweating which relieves, and bowels move, some twice every other day; flushes of heat; vertigo on assuming the erect posture. Had lasted ten months, despite a variety of remedies and potencies, not including those of the mystic numbers, however. Iod. 4c. did most good. This case was cured by some (mystic?) potency, made by nature's subtle alchemy; the vehicle of dilution being the oxygen and nitrogen of the atmosphere in Eureka, Humboldt county, California.

The second case had existed a year or so, the victim being a gentleman. The symptoms I did not gather. Had been taking quinine, of course. My attention being attracted to a certain quarter, I discovered a stricture of large calibre about three inches from the meatus. With Otis' cutter and dilator I operated upon it. This put an end to the ague, and the patient has been in robust health ever since—three years ago. No medicine was given.

The third case was a double quotidian. Had lasted six months. The patient, in despair, was reclining on the grass in a suburb of Victoria (we have no ague here except what is imported), when an Hibernian gentleman passing by advised him to take spirits of turpentine, five or six drops, I think, three times a day. This advice was followed, resulting in a speedy and permanent cure. The peculiarities of the case were: A double quotidian, with chill and heat, but



no sweat until the night during sleep; the patient, on waking, being surprised to find the bed-clothes saturated.

Verily, for "ways that are dark" and tricks which are not always in vain, ague is peculiar.

The professional reader may take a very useful hint from case No. 2, and explore the region where strictures abound, by the method of Otis, for the root of many anomalous distressing and apparently baseless complaints. "Hatching symptoms" for such cases is useless. The urethrotome is their only mentor. No. 3, I think, gives the indications for Terebinth, and No. 1 case is suggestive to the victims of one form at least of chronic ague.

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### CASE OF EXTERNAL URETHROTOMY.

By R. H. CURTIS, M. D.

Mr. D., æt. 46, became aware of stricture about the beginning of 1867. During March of the same year, patient suffered from retention for thirty-six hours, and afterwards occasionally for shorter periods. Although contraction was gradually increasing, little attention was paid to the condition until the fall of 1869, when the patient took treatment by dilatation, which was continued at intervals. From 1871, Mr. D. experienced but little trouble, till the spring of 1878, when the stricture became nearly impervious, considerable urine escaping into the perineum and scrotum; there was much pain and swelling; patient had a severe chill. Dr. F., who was called in, lanced the swelling; a fistula resulted, through which most of the urine passed.

Patient was kept in bed for several weeks, and subsequent dilatation resulted in an apparent cure, the fistula closed, and treatment was stopped. Although at various times warned by his physicians, and aware that there was a gradual recontraction of stricture, patient neglected precautions, so that in the fall of 1881 urine again escaped into the perineum, and the fistula re-opened. Now, regular treatment by dilatation was resumed, but this time it was not rewarded by the same success as formerly; the stricture refused to yield,



although the treatment was continued for several months; finally the fistula became a painless passage for the urine, the urethra gradually becoming impermeable. During the fall of 1884, the surrounding tissues became inflamed, extravasated urine infiltrated the perineum and scrotum, two additional openings appeared, with considerable discharge of pus, and attended by much suffering. The above is the history, as given by the patient. December 4th, 1884, Mr. D. first presented himself at my office, on the recommendation of Dr. W. Boericke; patient was in great pain, was very weak and emaciated, had suffered from a severe chill during the night previous, which was followed by fever. Examination of the parts showed two nodulated enlargements in the scrotum, very tender to touch, but hard; fluctuation not well marked.

First isolating the testicles, I lanced the swellings, giving exit to considerable pus, urine and some blood; a number of partitions were broken through by a groove director, the openings dilated by dressing-forceps, the patient sent home, put to bed, and poultices applied. Several other abscesses formed, but were subjected to the same treatment; the indicated remedies were given, aided by concentrated food, etc. Subsequently the patient had several chills; the temperature rose as high as  $104^{\circ}$ ; but in spite of his condition, owing to the fact that longer neglect of his duties would result in the loss of his situation and only source of income, patient made extraordinary efforts to fulfill his duties, going down town to his office, and working for hours at his desk; and even, when at home, he would bolster himself up in bed, and study or write on an improvised desk in the long hours of the night. Owing to his duties, an operation seemed, at least for the present, out of the question. Shortly after this, Mr. D. had the misfortune to lose one of the positions he held, but he was perhaps compensated for his loss from the fact that it enabled him to lie up, and undergo two operations that have restored him to health.

Before the operations, no urine had passed through the meatus for six months: in fact, for over eighteen months the fistula was virtually the only outlet.

The first operation was performed February 11th, 1885,



Drs. Boericke and Davis assisting. After patient was etherized, it was found that there were three distinct strictures in the spongy portion of the urethra, the first two were anterior to, and the third at the bulbo-membranous junction. The first two were dilated and cut by an urethrotome, the third was impermeable, even a filiform bougie could not be passed; so a sound was entered as far as the obstruction, and external urethrotomy performed, after which a No. 12 A sound was passed with ease (the penis and urethra were normally small); the old fistulous tracts were dissected out, and a No. 8 silver catheter was passed into and left in the bladder. The patient quickly recovered his health; in fact, in less than a week he was out attending to his duties. The silver catheter was kept in while at home; also a No. 12 A sound was passed every other day.

Unfortunately, before the patient had fully recovered, additional duties were imposed upon him, which he could not slight. Some of them were wearisome, and perhaps patient himself was imprudent in overtaxing his energies in his then weakened condition. However, he was seized one evening by a chill, followed by fever. I was called in next morning, and found my patient suffering from an attack of prostatitis; the prostate was much enlarged, causing partial retention, the spongy portion of the urethra had again closed, but a No. 6 soft rubber catheter was gently insinuated into the bladder through the still unclosed fistula. Treatment soon improved the general condition of patient, but the recontraction of urethra remained permanent. Another operation was determined upon, and on March 11th, 1885, another external urethrotomy was made, I being assisted by Drs. Dewey, Davis and E. R. Ballard. A considerable amount of cicatricial tissue was removed, and the margins of the fistula were refreshed, the spongy portion of the urethra was again dilated, and the obstructions cut, a No. 14 A sound was passed, after which a No. 8 silver catheter was fastened in the urethra, but not allowed to pass beyond the anterior part of the prostatic portion.

Patient again made a rapid recovery, the usual treatment being followed; the catheter was taken out and cleaned, the parts thoroughly syringed with anti-septic lotion, and a No.



12 A sound passed every day for three days. On the fourth day, a No. 9 English gum catheter was substituted for the silver one (the soreness being almost gone); the end of the gum catheter was cut off behind the eye, and made smooth; this was more easily retained in position, and nine-tenths of the urine passed through it (the silver one had allowed much of the urine to pass around it); this last measure was tried at the suggestion of the patient himself. The parts healed kindly; in fact, a newly-constructed canal molded itself around the gum catheter, connecting the spongy and prostatic portions of the urethra, the original membranous portion having been literally obliterated. Patient is at present enjoying excellent health; the fistula has almost entirely closed, but, to make sure that everything is all right, patient passes himself a No. 10 A sound every day, which he does with ease.

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## CORRESPONDENCE.

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THE Ninth Annual Session of the Homœopathic Medical Society of the State of Oregon, was held in Portland, May 5th, 6th, and 7th. A large number of physicians were present, making it one of the most interesting meetings since its organization. Three new members were elected, B. E. Miller, M. D., T. L. King, M. D., E. C. Brown, M. D. The following officers were elected to serve for the ensuing year: President, L. Henderson, M. D., of Salem; First Vice-President, G. Wigg, M. D., of East Portland; Second Vice-President, B. E. Miller, M. D., Portland; Secretary and Treasurer, K. L. Miller, M. D., Portland; Corresponding Secretary, E. C. Brown, M. D., Portland; Censors, Drs. C. E. Geiger, T. A. Brown, Dr. Jessup, A. Nichols, and S. L. King. A number of interesting papers were presented and read, each paper being followed by discussions. Reports from different parts of the State show a steady progress and increasing popularity of the Homœopathic practices.

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OAKLAND, May 13, 1885.

MESSRS. BOERICKE & SCHRECK, I am solicited to recommend a good Lady Physician (of experience,) to locate at Gilroy, and also at Tulare City. I knew of no more satisfactory manner of complying with their request than to give notice of same through your Journal. I have several patients in both of the above mentioned places, and can recommend either locality as being desirable locations for a good Physician and worthy patrons to *our cause*.

Very respectfully and fraternally yours,

MRS. DR. M. D. WILSON.

765 Thirteenth street, Oakland.



CLINICAL ITEMS.

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*The Action of Ether on the Kidneys.*—It was stated at a late meeting of the American Gynæcological Society that chloroform had been substituted for ether in all cases in which there is any renal disease. Ether has a peculiarly irritant action upon renal structures in a pathological state. In chronic Bright's disease, ether induces uræmia by suppression of the ordinary secretion.—*N. Y. Med. Times.*

*Coccionella* excites and cures a feeling of coldness on the gums; sensation of coldness in all the teeth. It is a valuable remedy in affections of the teeth.

*Chloralum* is an excellent remedy for urticaria—hives. Rash, like sting of a nettle, coming out every night; very itchy; disappears by day. Intense irritation and itching of skin, preventing sleep. *Purpura Hæmorrhagica.*

*Calendula as an Antiseptic.*—Dr. W. S. Ball says that calendula used as an external application to cancers, foul, indolent ulcers, bruises, contusions, wounds, and, after surgical operations on carious and necrosed bones, prevents septicæmia and promotes a healthy granulation and cicatrization. It far surpasses *carbolic acid* or any other dressing he has ever seen in use.—*N. Y. Med. Times.*

*Arum Triphyllum.*—Characteristic peculiarities: One of the first indications for this drug, is the appearance of raw, bloody surfaces, which may be on the lips, buccal cavity, nose, &c. There is great itching with this rawness, so that children will often pick and bore into these surfaces, though so doing causes great pain, and they will scream with the pain meantime; but they will keep up this boring and screaming. Very scanty secretion of urine, sometimes passing none for a day. Great delirium. Headache. Rawness at lips and corners of the mouth. Clergymen's sore throat, or sore throat of one who speaks a great deal. Children also pick their fingers, their skin, their lips; lose their appetite; don't want to play; lose flesh; have *headaches*; scanty urine.



*Asafoetida*.—General characteristics: A very great sensitiveness, *hyper-sensitiveness*, particularly of those in whom the venous system preponderates over the arterial; very weakly and delicate persons; mothers who have a deficiency of milk.

*Sulphuric Acid*.—For any affections arising from general debility, as prolapsus uteri, retroversion, any uterine trouble whatever, the patient having a sense of tremulousness all over. One feels in a very great hurry to do everything, *feels that everything must be done in a hurry*. Sour and acrid belching; cough with expectoration in the morning without expectoration in the evening. Burning darting pains in the muscles; shocks as from pain; black and blue spots on the body; in a bruise (especially if an old person), when the injured part gets black and blue, and seems as if it would mortify.

*Sambucus Nigra*.—We are often led to the choice of this remedy, when we find a great deal of perspiration, occurring with any other trouble. This perspiration may last all the time, or it may come and go in paroxysms; it is sometimes found in phthisis; perspiration with disinclination to undress or be uncovered; heat with inclination to be covered. Asthma with suffocative attacks of breathing; patient may be well enough while awake, but sleeps into the trouble; loud respiration with no mucous rattle. Babies with snuffles and can't breathe well through the nose.

*Senna*.—This is of much use in infantile colics, where the little patient seems to be *full of wind*.

*Sabadilla*.—Intermittent complaints which come every week, or two weeks, or four weeks apart. Especially for children who are disposed to worms; worms discharged with stool, whether lumbrici or tape worms. Sweetish taste. No thirst during chill; heat often internal. Troubles appearing on the right side; on the toe nails. Sensation of knocking, throbbing, or pulsation in the outer parts; great sleepiness in the forenoon.

*Sabina*.—A marked characteristic of this remedy is a pain which is felt all the way between the sacrum and pubis, from



one bone to the other—not particularly in front or behind, but right along from the sacrum to the pubis. This pain may be found in labor-pains, after-pains, occurring in dysmenorrhœa, &c. In hæmorrhage (particularly uterine), where the *blood is in fluid and clots together*—as, the liquid blood will flow, then will come a clot, and the blood may be flowing rapidly; bleeding from the nose, blood being pale; bleeding from inner parts in general. Menstruation too early; too profuse; blood of light color; bright-red color; discharge of blood before the proper period.

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AN impudent nostrum-vendor of Rochester, N. Y., cut out of our April number a portion of the editorial on General Grant's case, and adding thereto a puff for his so called "kidney cure," succeeded in getting the whole published as reading matter in a number of the leading dailies throughout the United States, representing the same to be entirely from our journal. Very many persons who do not see the *Homœopathist* have thus been led to believe that we lent ourselves to such quackery. We never indorsed this or any other nostrum, and the editorial columns of the *Homœopathist* are not for sale. It was a clever trick to steal the cloak of respectability to cover his nephritic nostrum, and the audacious individual probably supposed that we would supinely submit to such misrepresentation; but he has already discovered that he woke up the wrong customer. Immediately upon the appearance of this fraudulent notice we telegraphed to its author that we should demand exemplary legal damages for his unwarranted use of our name. The daily papers in New York gladly rectified the matter as far as they were able, when their attention was called to it; but it is a lively truth that can catch up to a lie that has twenty-four hours' leeway.

We will be very grateful to any of our readers who, having seen this advertisement (printed as reading matter), in their local press, will cause a correction to be inserted. It is impossible for the editor of the *Homœopathist* to know where or when this matter may crop up, and he will be greatly obliged to any friend who will aid him in sitting down heavily on this brazen knave.—*From the American Homœopathist for May.*



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PERSONAL NOTES.

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THE eminent Homœopathist, CONRAD WESSELHOEFT, of Boston, has recently delivered in response to a polite invitation, a lecture on Homœopathy, before the members of the Boylston Medical Society, consisting of the advanced students of the Harvard Medical School. Good for Boston!

THE Hahnemann Medical College of San Francisco began its second annual course of lectures to an excellent class of ladies and gentlemen. Several changes in the Faculty are noted. The chair of Gynecology is occupied by DR. PIERCE, of San Jose; that of Physiology by DR. WARD, of San Jose; Obstetrics, by DR. BURDICK, of Oakland. DR. LEDYARD has been appointed one of the Professors of Materia Medica, and DR. CURTIS given a Surgical Clinic.

DR. B. P. WALL, of Berkeley, is taking a much needed vacation, and very wisely selected the high Sierras for a camping-out trip to regain his strength and health.

WE learn from the papers that the daughter of DR. PINKHAM, of Sacramento, met with a sad accident while on her way East. Near Rocklin an accidental shot from some part of the car struck the young lady and killed her instantly. It seems some fool must have been playing with a revolver. Our sincerest sympathy is extended to the Doctor and Mrs. PINKHAM, in this, their great affliction.

THE State Homœopathic Society had a very enjoyable meeting at the College last month. Several very interesting papers were read and discussed. Much credit is due to the retiring President, DR. DAVIS, for the success of the meeting.

If you have not already sent in your subscription for the CALIFORNIA HOMŒOPATH please do so at once. It will save the publishers sending a bill.

They had a meeting of the Oregon Homœopathic Society up in Portland last May. DR. GEIGER read a paper on *Spinal Irritation*, which the readers of the CALIFORNIA HOMŒOPATH would like to see. Send it on, doctor.

DR. A. FLINT, JR., says that Diabetes has become to-day, a disease easily and certainly curable, provided that the treatment be not begun too late. *Arsenite of Bromine*, beginning with three drops, increased to five is the remedy.

DR. J. W. WARD, late Resident Physician of the Hahnemann Hospital of New York, has returned to San José, his home, to practice medicine, and has opened an office at 321 Santa Clara street. May success attend him.



## Popular Department.

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### SOME SPECIAL INDICATIONS FOR THE USE OF HOMŒOPATHIC REMEDIES IN DISEASES OF CHILDREN.

(Continued from May Number.)

*Cocculus.* Useful in St. Vitus Dance; when the right arm and left leg are principally affected, child is quiet during sleep; legs become more and more useless; always worse for a while after drinking, eating, sleeping or talking.

*Coffea.* Sleeplessness; the first remedy to be thought of. The child seems very excitable; it seems as if it *could not* sleep. It frets and worries in an innocent manner; is not cross, but sleepless. It laughs one moment and cries the next; is feverish for want of sleep, which it cannot obtain. Nervous excitement generally indicates Coffea. Spasms that seem to be brought on by excessive laughing or playing. The child is very excitable and weakly, and, in consequence, suffers often from spasms.

*Colocynthis.* Much colic, forcing the child to double up with writhing and twisting. Sometimes the pain is relieved by pressing hard upon the abdomen. Noisy emission of flatus. Passages small and frequent, with colic; child has difficulty in voiding urine; strains much; urine is scanty. Any disease accompanied by spells of colic pain, in which the child curls up double and writhes and cries very hard.

*Drosera.* Whooping-cough. The child is worse after midnight, with high fever; cough in violent spasmodic spells, as if it would suffocate; sometimes bleeding at the nose and mouth. Cough with measles, when it is very hoarse and worse at night.



*Dulcamara.* All symptoms indicating this remedy are increased by damp, cold change of weather. Not so much that the child takes cold then, but that the morbid condition of the child is such as to be influenced by that atmospherical change. If the child is inclined to eruptions, diarrhæa, etc.

*Gelsemium.* Remittant fever; the symptoms are worse at night; the face is dark-red or has a dusky hue; there is a great deal of nervous restlessness; vertigo; the child complains that it is falling; is sensitive to light and sound; is unable to move the limbs in obedience to the will; pulse is soft and flowing; artery easily compressible.

Neuralgic pains in extremities after scarlet fever. Headache as if a band around the head. Child is drowsy.

*Hepar.* The child seems croupy, and the phlegm is loose and choking; it chokes in the cough. If there is a rattling, choking cough, becoming worse particularly in the morning part of the night.

Eruptions on skin that spread by new pimples appearing just beyond the main disease, which finally become incorporated with those which came first. In inflamed eyes, when little pimples surround them. Mumps.

*Ignatia.* The child awakens from sleep with piercing cries, and trembles all over; convulsive jerks of single parts; frequent flushes of heat with perspiration; spasms return at the same hour daily, with spasms all over; spasms with cries or involuntary laughter. The child has much crying, sobbing, sighing—sighing and sobbing continue long after the crying. Prolapse of rectum; stools of mucus, with straining and prolapse. In many cases where there is itching of the anus at night, the child is nervous and spasmodic. Give it after fright with grief.

*Ipecac.* Incessant and most violent cough with every breath. This symptom—sometimes frightfully severe in delicate children suffering with measles—Ipecac relieves like a charm. The measles do not come out properly; much nausea; short, hurried breathing. Useful in diarrhæa; stools are green and fermented; much nausea and vomiting. Whooping-cough—child strangles till blue in the face.



## DIET FOR BRAIN WORKERS.

A plate of porridge, hominy etc., with a pint of cream and some stewed fruit to finish off for breakfast. For lunch, some well buttered mashed potatoes, with biscuit and butter and a glass or two of milk. For dinner some boiled fish, followed by some chicken or game and a milk pudding made without an egg, and digestive biscuits and butter (with just a nip of cheese as a flavoring agent for those who can eat cheese), with a glass or two of good French wine or its equivalent [Zinfandel Claret, or a good California Hock.—Ed.] Such is the dietary, or ought to be, of the man who has much brain work to do, and further he should allow himself plenty of time over his meals. It is bad economy to save time by cutting it off the meal time. And such is the dietary that must be enforced when the brain worker has made himself a patient. Then there should be a sufficiency of sleep to rest the wearied organism. A day of work followed by another day of play in every twenty-four hours is the order of the present day, and to secure this the time for meals is cut down to a minimum, and the hours of sleep curtailed to an injurious extent, but the experiment will be found a failure, it is not among the potentialities. The busy brain worker must learn to see that he cannot tax his system at will; if he will not be told he will be made to comprehend the subject. My counsel to such patients is as follows: "You had better adopt the habits of an invalid in order that you may not become one. You had better take care before you break down, than wait till you break down and are compelled to take care of yourself with your working power crippled."—*Fothergill*.

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THERE is no such thing as eating for strength in the sense in which the proposition is often put. Actual nutrition is always the ratio of expenditure. Much of the invalidism of the civilized world arises from the desire and the tendency to evade the natural law of ratio between supply and waste. However rare and unexceptional may be the quality of food, the surplus above that actually employed is but an impediment to physiological operations and invariably works mischief.—*Dr. G. H. Taylor*.